

Merton Council

Healthier Communities and Older People Overview and Scrutiny Panel



Date: 27 June 2017
Time: 7.15 pm
Venue: Committee rooms C, D & E - Merton Civic Centre, London Road, Morden
SM4 5DX

AGENDA

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2 Declarations of pecuniary interest	
3 Minutes of the previous meeting	1 - 4
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**This is a public meeting – members of the public are very welcome to attend.
The meeting room will be open to members of the public from 7.00 p.m.**

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Healthier Communities and Older People Overview and Scrutiny Panel membership

Councillors:

Peter McCabe (Chair)
Brian Lewis-Lavender (Vice-Chair)
Laxmi Attawar
Mary Curtin
Brenda Fraser
Suzanne Grocott
Sally Kenny
Abdul Latif

Substitute Members:

Stephen Crowe
Joan Henry
Najeeb Latif
Ian Munn BSc, MRTPI(Rtd)

Co-opted Representatives

Diane Griffin (Co-opted member, non-voting)
Saleem Sheikh (Co-opted member, non-voting)

Note on declarations of interest

Members are advised to declare any Disclosable Pecuniary Interest in any matter to be considered at the meeting. If a pecuniary interest is declared they should withdraw from the meeting room during the whole of the consideration of that matter and must not participate in any vote on that matter. If members consider they should not participate because of a non-pecuniary interest which may give rise to a perception of bias, they should declare this, withdraw and not participate in consideration of the item. For further advice please speak with the Assistant Director of Corporate Governance.

What is Overview and Scrutiny?

Overview and Scrutiny describes the way Merton's scrutiny councillors hold the Council's Executive (the Cabinet) to account to make sure that they take the right decisions for the Borough. Scrutiny panels also carry out reviews of Council services or issues to identify ways the Council can improve or develop new policy to meet the needs of local people. From May 2008, the Overview & Scrutiny Commission and Panels have been restructured and the Panels renamed to reflect the Local Area Agreement strategic themes.

Scrutiny's work falls into four broad areas:

- ⇒ **Call-in:** If three (non-executive) councillors feel that a decision made by the Cabinet is inappropriate they can 'call the decision in' after it has been made to prevent the decision taking immediate effect. They can then interview the Cabinet Member or Council Officers and make recommendations to the decision-maker suggesting improvements.
- ⇒ **Policy Reviews:** The panels carry out detailed, evidence-based assessments of Council services or issues that affect the lives of local people. At the end of the review the panels issue a report setting out their findings and recommendations for improvement and present it to Cabinet and other partner agencies. During the reviews, panels will gather information, evidence and opinions from Council officers, external bodies and organisations and members of the public to help them understand the key issues relating to the review topic.
- ⇒ **One-Off Reviews:** Panels often want to have a quick, one-off review of a topic and will ask Council officers to come and speak to them about a particular service or issue before making recommendations to the Cabinet.
- ⇒ **Scrutiny of Council Documents:** Panels also examine key Council documents, such as the budget, the Business Plan and the Best Value Performance Plan.

Scrutiny panels need the help of local people, partners and community groups to make sure that Merton delivers effective services. If you think there is something that scrutiny should look at, or have views on current reviews being carried out by scrutiny, let us know.

For more information, please contact the Scrutiny Team on 020 8545 3390 or by e-mail on scrutiny@merton.gov.uk. Alternatively, visit www.merton.gov.uk/scrutiny

Agenda Item 3

All minutes are draft until agreed at the next meeting of the committee/panel. To find out the date of the next meeting please check the calendar of events at your local library or online at www.merton.gov.uk/committee.

HEALTHIER COMMUNITIES AND OLDER PEOPLE OVERVIEW AND SCRUTINY PANEL

16 MARCH 2017

(7.15 pm - 9.10 pm)

PRESENT Councillors Councillor Peter McCabe (in the Chair),
Councillor Brian Lewis-Lavender, Councillor Mary Curtin,
Councillor Suzanne Grocott, Councillor Sally Kenny,
Councillor Abdul Latif, Councillor Marsie Skeete and
Saleem Sheikh

Anjan Ghosh (Assistant Director and Consultant in public health)
and Julia Groom (Consultant in Public Health) Hilina Asrress,
(Senior Public Health Principal) Kenny Gibson (Head of Public
Health Commissioning, NHS England) Stella Akintan (Scrutiny
Officer)

1 APOLOGIES FOR ABSENCE (Agenda Item 1)

Councillor Munn substituted on behalf of Councillor Attawar

2 DECLARATIONS OF PECUNIARY INTEREST (Agenda Item 2)

none

3 MINUTES OF THE PREVIOUS MEETING (Agenda Item 3)

The Scrutiny Officer said the previous minutes made reference to Andrew Moore, Director of Recovery, Merton CCG and it should have been Andrew McMyllor, Director of Primary Care Transformation, Wandsworth and Merton CCG's.

RESOLVED

The Panel accepted this change and agreed the minutes.

4 NHS ENGLAND SEASONAL FLU AND CHILDHOOD IMMUNISATION PROGRAMMES FOR MERTON (Agenda Item 5)

The Head of Public Health Commissioning, NHS England gave an overview of the report and stated that we are now seeing the benefits from recommendations from the overview and scrutiny task group review in 2014 looking at improving immunisations amongst the 0-5 age group. A strong partnership is in place and they are working to an agreed action plan. Overall immunisations rates are improving. While the England average has fallen by 2% in Merton the rates have remained steady. Six GP practices have been identified for their good practice around improving immunisation rates and their approach is being shared with other practices in the borough. The Head of Public Health Commissioning reported that this work will be reported within the next six months and all comments from the Panel are welcomed.

Panel members asked about the safety of vaccines and if it can affect the immune system and if there is an antidote in the case of an emergency. The Head of Public Health Commissioning reported that the vast majority are safe, tried and tested with no detrimental effects. However having the illnesses can be detrimental. The Clinical Lead for Transforming Primary Care Nursing Lead & Maternity said reactions to vaccines are very rare and doctors and nurses are trained to deal with emergencies. A panel member sought clarification about how vaccines could prevent A&E admission. The Head of Public Health Commissioning reported that a recent study found that 45% of children in hospital had not had the flu vaccine. Therefore children who are asthmatic or have respiratory problems benefit from the vaccine.

Panel members queried the additional pressure on pharmacies to support the immunisation programme and if there is a plan to reduce the number of pharmacies. The Head of Public Health Commissioning reported that pharmacies have the capacity to reduce the pressure on GP's. The Head of Public Health Commissioning said it was his understanding that pharmacies are being retained as a prevention and dispensing hub and will be delivering a wider range of services. At the request of the Panel the Head of Public Health Commissioning endeavoured to find more details on the plans for London and Merton.

RESOLVED

NHSE to provide more details on the future of pharmacy services for London and Merton

5 CHILDHOOD IMMUNISATION TASK GROUP UPDATE (Agenda Item 6)

The Public Health Consultant informed the Panel that the structures for immunisations had improved as part of the scrutiny review. The Clinical Lead for Transforming Primary Care Nursing Lead & Maternity is the Chair of the local action group. There is also a governance arrangement and the Health and Wellbeing Board has identified this as a priority. The new healthy lifestyles service will include health champions who will share healthy lifestyle messages including on immunisations. Health visitors will also continue to promote immunisations especially during the joint anti natal check. Public Health use communications channels available to promote messages about immunisations and this week there is a piece in My Merton.

A panel member congratulated officers on their work to improve take up of immunisations and asked how they are reaching those who are not registered with a GP. The Head of Public Health Commissioning said there is work taking place at a London level to understand groups who do not immunise their children and adapt services to meet their need. This could include Saturday or pop-up clinics.

RESOLVED

Officers were thanks for their work on this task group review

6 PREVENTING DIABETES IN THE SOUTH ASIAN COMMUNITY - DEPARTMENT ACTION PLAN (Agenda Item 4)

The Assistant Director in Public Health gave an overview of the progress with each of the each of the recommendations and stated that recommendation one to five is being implemented and recommendations six will begin shortly.

The Chair of the task group said the progress is very encouraging and he thanked task group members and the scrutiny officer for their work. He also expressed concern that at a recent meeting there was some confusion about the difference between type one and type two diabetes. The Assistant Director in Public Health said the Diabetes Prevention Programme will address this.

In response to a question it was reported that lifestyle service has been commissioned for a further two years. A panel member asked where services will be provided since the Wilson Hospital site is due to close. The Assistant Director in Public Health said the Wilson is still in use and there will be a transition plan when services are decanted to a new building.

A panel member said diabetes cannot be prevented in some communities as they are genetically predisposed to the condition. The Assistant Director in Public Health said scientific evidence shows that it can be prevented and he can send relevant information to the Panel.

RESOLVED

Public Health to circulate scientific research on diabetes prevention.
Public Health to provide an update on diabetes task group in 12 months.

7 MERTON CLINICAL COMMISSIONING GROUP - ENGAGEMENT ON PROPOSED CHANGES TO SOME SERVICES (Agenda Item 7)

The Director of Financial Recovery, MCCG gave an overview of the report stating that a number of changes are being proposed to address the financial challenges. MCCG need to save £7 million this year and £13 million next year. They are putting a greater emphasis on who has the greatest clinical need to address the rising cost of health care in an ageing population. The Panel are asked to give their views on the proposals and if they believe a consultation process is required.

The Panel considered the proposal regarding self care medicines with new guidance given to GP's to discard this practice and encourage people to purchase over the counter medicine.

A panel member expressed concern that there is a lot of waste in this area as more medicine is dispensed than is needed. Another Panel member was concerned about the impact on families with children who rely on their free prescriptions. The Director of Financial Recovery said they will be issuing guidance to reduce potential waste when medicines are dispensed. GP's will still be able to judge level of need and will still prescribe medicines to families if there is a risk of a child not getting the medication they need.

With the assurance that GP's will still have discretion on individual cases the Panel agreed this measure.

Gluten Free products

It is proposed that gluten free products are no longer provided on prescription. Some Panel member expressed concern that gluten free products. The Director of Recovery said they are discussing the implications with representative organisations. The Panel agreed the proposal

IVF

The Director of Recovery reported that it is an effective treatment but it is considered to be too expensive to provide. Croydon CCG recently made the decision to stop providing the treatment and there is a concern that a postcode lottery is developing. A panel asked what support will be given to people who have infertility issues. The Director of Recovery reported fertility investigations will still be provided and it is possible there will be exceptions on IVF treatment for those who have cancer or HIV. The Panel agreed that this is a sensitive area and will require a full 90 day consultation with the public.

Supporting patients to be surgery ready

The Director of Recovery reported it is important to emphasise that this is not a ban but a measure to help those who are obese and/or smoke to adopt a healthier lifestyle and quit smoking to improve the success of the outcomes of their procedure. Panel members felt this is a common sense approach and supported the proposal.

RESOVLED

That MCGG conduct a full 90 day consultation on changes to IVF. All other proposals were supported by the Panel

8 ACTIVITIES IN LEARNING DISABILITY DAY CENTRES - FINAL REPORT (Agenda Item 8)

Councillor Sally Kenny, chair of the task group gave an overview of the report and , thanked the task group and scrutiny officer for their work.

RESOLVED

Task group recommendations were agreed and should be incorporated into panel work programme for 2017/18

9 WORK PROGRAMME (Agenda Item 9)

RESOLVED

The work programme was noted. Panel members were asked to send topic suggestions to the scrutiny officer.

Committee: Healthier Communities and Older People Overview and Scrutiny Panel

Date: 27 June 2017

Wards: ALL

Subject: St George's University Hospitals NHS Trust - Quality Improvement Plan

Lead member: Councillor Peter McCabe, Chair of the Healthier Communities and Older People overview and scrutiny panel.

Contact officer: Stella Akintan, stella.akintan@merton.gov.uk; 020 8545 3390

Recommendations:

A. That the Panel comment on St George's Quality Improvement Plan.

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. The purpose of the attached report is to provide Quality Improvement Plan put in place following their recent CQC inspection.

2 DETAILS

2.1. Professor Andrew Rhodes, Medical Director will attend the Panel to provide an overview of the report and answer questions. The report is attached.

3 ALTERNATIVE OPTIONS

The Healthier Communities and Older People Overview and Scrutiny Panel can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

Cabinet is constitutionally required to receive, consider and respond to scrutiny recommendations within two months of receiving them at a meeting.

3.1. Cabinet is not, however, required to agree and implement recommendations from Overview and Scrutiny. Cabinet could agree to implement some, or none, of the recommendations made in the scrutiny review final report.

4 CONSULTATION UNDERTAKEN OR PROPOSED

4.1. The Panel will be consulted at the meeting

5 TIMETABLE

5.1. The Panel will consider important items as they arise as part of their work programme for 2017/18

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

6.1. None relating to this covering report

7 LEGAL AND STATUTORY IMPLICATIONS

7.1. None relating to this covering report. Scrutiny work involves consideration of the legal and statutory implications of the topic being scrutinised.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

8.1. It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

9 CRIME AND DISORDER IMPLICATIONS

9.1. None relating to this covering report. Scrutiny work involves consideration of the crime and disorder implications of the topic being scrutinised.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

10.1. None relating to this covering report

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

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12 BACKGROUND PAPERS

Update report for Merton Health Overview Scrutiny Committee

Name of meeting:

Merton Healthier Communities and Older People Overview and Scrutiny Panel

Document title:

Update on progress with the Trust's Quality Improvement Plan to be considered by Merton OSC

Background:

Our Quality Improvement Plan (QIP) brings together the actions required to address the issues the CQC identified following their inspection of St George's in June 2016. The plan takes account of:

- all the 'must do' and should do' recommendations contained within the inspection reports; and
- a range of improvements identified locally as quality priorities by the Trust.

Progress:

Phase One: Progress to April 2017

Following publication of the CQC's report, a Quality Improvement Plan was put in place by the Trust to tackle the issues raised. It consisted of eight workstreams and over 300 actions.

The workstreams during phase one were: (i) Personalised Care (ii) Safety Culture (iii) Governance (iv) Human Resources (v) Estates (vi) Operations (vii) Healthcare Informatics (viii) Leadership.

As at the end of March 2017:

- 33% (104) of actions embedded (completed and in daily practice).
- 57.6% (182) of actions on target for implementation within the set timescale.
- 6.3% (20) at risk of breaching timescale for implementation.
- 3.2% (10) breached target date for implementation.

Phase Two: Post April 2017

In April 2017, the Trust shifted from QIP one to a new QIP framework. This was to ensure a shift from a task-based plan to one which is geared towards outcomes more closely related to the quality of patient care and patient experience.

The eight workstreams have been refined into five. All of the 'must dos and should dos' have been picked up in the new workstreams, and are still being tracked to ensure nothing is missed during the transition.

New workstreams

Workstream	Examples of recent achievements
Safe & Effective Care	Audited compliance with Infection Control standards, and key performance indicators now in place for monitoring performance
Flow & Clinical Transformation	Implemented a new process for elective theatre planning to ensure optimum use of theatre capacity and forward planning
Quality & Risk Management	External review has been commissioned to review corporate and clinical governance
Engagement & Leadership	New leadership team in post, which will provide the stability the organisation needs
Estates & Informatics Workstream	Undertaken repairs to identified roof leaks and closed beds in those areas affected by water ingress at St George's; demolished the Wandle Unit and relocated staff; relocated the Renal Ward in Knightsbridge Wing to an identified alternative site for Renal Outpatients

As at end of May 2017:

- 44.48% (141) actions have been delivered
- 49.21% (156) are on track to deliver
- 5.05% (16) are delayed but still expected to deliver
- 1.26% (4) are at significant risk to delivery

Section 29A Warning Notice

The Quality Improvement Plan also takes account of the Section 29A Warning Notice serviced on the Trust in August 2016. In this regard, the Board is required by November 2017 to:

- provide NHS Improvement with assurance that it has addressed the 'must do' actions to the CQC's satisfaction;
- be no longer considered by CQC to be inadequate in the 'well led' domain; and
- have improved against all domains rated as inadequate or requires improvement in the CQC's original inspection findings.

The key areas of concerns identified were:

- Unsafe and unfit premises where healthcare is provided and staff are accommodated
- Lack of formal mental capacity assessments and best interest decision making
- Governance arrangements not effective in identifying and mitigating significant risks to patients
- Data used in reporting and managing patients not robust or valid
- Governance underpinning the effective integration of End of Life Care (EoLC)
- Arrangements for ensuring Directors are fit and proper were lacking

In response to these concerns, the Trust identified 21 actions that needed to be taken to provide safe care for our patients in an environment that meets the standards expected by the CQC.

Progress

To date, we have made significant progress in a number of areas, particularly those which relate to the Section 29A Warning Notice.

The CQC carried out an unannounced inspection to St George's Hospital on 10 and 11 May. The purpose of the visit was to check progress against the Section 29A Notice. They will also visit on 22 May to check on the Trust's Fit and Proper Persons compliance.

Initial feedback was positive, but the official report on the outcome of their visits will be available in June.

We have also made progress in a number of other areas. However, the nature of some of the work means that full delivery of some of the actions will inevitably take a longer period to deliver (e.g. significant estates work) and to achieve assurance that the required changes in practice have been fully embedded. In these cases, interim actions have been taken to mitigate any immediate risk to patients or staff.

All actions are currently rated Amber or Green except one which relates to Referral to Treatment (RTT) waiting list management. A significant programme of work is underway but this work remains non-compliant and requires continued dedicated resource and focus to improve our processes, train our staff and manage the clinical risk for our patients.

Next steps

- Schedule of meetings with existing work-stream programme leads, and with a wide range of clinical staff (multi professional to review and develop workstream project areas over the coming weeks, scheduled to be complete by the end of May 2017)
- Development of a Floor to Board reporting matrix to support the implementation at an organisational level, allowing the QIP Project Management Office to monitor where plans are working, as well as where support is required to further drive improvements, scheduled to be completed by mid May 2017 to support the areas of work described above.
- Develop a clearer narrative to better engage staff in the delivery of the QIP which will help staff understand their role in making improvements to the care we provide. It will also give patients and the communities we serve a much clearer idea about what we are trying to achieve in terms of quality improvement.

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Committee:	Healthier Communities and Older People Overview and Scrutiny Panel
Date:	27 June 2017
Wards:	All
Subject:	Healthier Communities and Older People Overview and Scrutiny Panel Work Programme 2017/18
Lead officer:	Stella Akintan, Scrutiny Officer
Lead member:	Councillor Peter McCabe, Chair of the Healthier Communities and Older People Overview and Scrutiny Panel
Contact officer:	Stella Akintan: stella.akintan@merton.gov.uk , 020 8545 3390

Recommendations:

That members of the Healthier Communities and Older People Overview and Scrutiny Panel:

- i. Consider their work programme for the 2017/18 municipal year, and agree issues and items for inclusion (see draft in Appendix 1);
 - ii. Consider the methods by which the Panel would like to scrutinise the issues/items agreed;
 - iii. Agree on an issue for scrutiny by a task group and appoint members to the Task Group;
 - iv. Consider the appointment of co-opted members for the 2017/18 municipal year, to sit on the Panel and/or on the Task Group;
 - v. Consider whether they wish to make visits to local sites; and
 - vi. Identify any training and support needs.
 - vii. This year, in response to the results of the scrutiny annual survey, the Scrutiny Team will also explore with chairs and vice chairs the use of external experts and the quality of evidence provided to Panels to understand what else might be done to meet members' needs. In order to progress this, it is recommended that the Panel spend some time discussing this as part of the development of the work programme if these issues have not already been addressed at the topic workshop.
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1. PURPOSE OF REPORT AND EXECUTIVE SUMMARY

- 1.1 The purpose of this report is to support and advise Panel members to determine their work programme for the 2017/18 municipal year.
- 1.2 This report sets out the following information to assist the Panel in this process:
 - a) The principles of effective scrutiny and the criteria against which work programme items should be considered;
 - b) The roles and responsibilities of the Healthier Communities and Older People Overview and Scrutiny Panel;
 - c) The findings of the consultation programme undertaken with councillors and co-opted members, Council senior management, voluntary and community sector organisations, partner organisations and Merton residents;

- d) A summary of discussion by councillors and co-opted members at a topic selection workshop held on 20 June 2017; and
- e) Support available to the Healthier Communities and Older People Overview and Scrutiny Panel to determine, develop and deliver its 2017/18 work programme.

2. Determining the Healthier Communities and Older People Overview and Scrutiny Panel Annual Work Programme

- 2.1 Members are required to determine their work programme for the 2017/18 municipal year to give focus and structure to scrutiny activity to ensure that it effectively and efficiently supports and challenges the decision-making processes of the Council, and partner organisations, for the benefit of the people of Merton.
- 2.2 The Healthier Communities and Older People Overview and Scrutiny Panel has a specific role relating to public health, health partners, adult social care and mental health scrutiny and to performance monitoring that should automatically be built into their work programmes.
- 2.3 The Healthier Communities and Older People Overview and Scrutiny Panel may choose to scrutinise a range of issues through a combination of pre-decision scrutiny items, policy development, performance monitoring, information updates and follow up to previous scrutiny work. Any call-in work will be programmed into the provisional call-in dates identified in the corporate calendar as required.
- 2.4 The Healthier Communities and Older People Overview and Scrutiny Panel have six scheduled meetings over the course of 2017/18, including the scheduled budget meeting (representing a maximum of 21 hours of scrutiny per year – assuming 3 hours per meeting). Members will therefore need to be selective in their choice of items for the work programme.

Principles guiding the development of the scrutiny work programme

- 2.5 The following key principles of effective scrutiny should be considered when the Commission determines its work programme:
 - **Be selective** – There is a need to prioritise so that high priority issues are scrutinised given the limited number of scheduled meetings and time available. Members should consider what can realistically and properly be reviewed at each meeting, taking into account the time needed to scrutinise each item and what the session is intended to achieve.
 - **Add value with scrutiny** – Items should have the potential to ‘add value’ to the work of the council and its partners. If it is not clear what the intended outcomes or impact of a review will be then Members should consider if there are issues of a higher priority that could be scrutinised instead.

- **Be ambitious** – The Panel should not shy away from carrying out scrutiny of issues that are of local concern, whether or not they are the primary responsibility of the council. The Local Government Act 2000 gave local authorities the power to do anything to promote economic, social and environmental well being of local communities. Subsequent Acts have conferred specific powers to scrutinise health services, crime and disorder issues and to hold partner organisations to account.
- **Be flexible** – Members are reminded that there needs to be a degree of flexibility in their work programme to respond to unforeseen issues/items for consideration/comment during the year and accommodate any developmental or additional work that falls within the remit of this Panel. For example Members may wish to question officers regarding the declining performance of a service or may choose to respond to a Councillor Call for Action request.
- **Think about the timing** – Members should ensure that the scrutiny activity is timely and that, where appropriate, their findings and recommendations inform wider corporate developments or policy development cycles at a time when they can have most impact. Members should seek to avoid duplication of work carried out elsewhere.

Models for carrying out scrutiny work

2.6 There are a number of means by which the Healthier Communities and Older People Overview and Scrutiny Panel can deliver its work programme. Members should consider which of the following options is most appropriate to undertake each of the items they have selected for inclusion in the work programme:

Item on a scheduled meeting agenda/ hold an extra meeting of the Panel	<ul style="list-style-type: none"> ■ The Panel can agree to add an item to the agenda for a meeting and call Cabinet Members/ Officers/Partners to the meeting to respond to questioning on the matter ■ A variation of this model could be a one-day seminar-scrutiny of issues that, although important, do not merit setting up a 'task-and-finish' group.
Task Group	<ul style="list-style-type: none"> ■ A small group of Members meet outside of the scheduled meetings to gather information on the subject area, visit other local authorities/sites, speak to service users, expert witnesses and/or Officers/Partners. The Task Group can then report back to the Panel with their findings to endorse the submission of their recommendations to Cabinet/Council ■ This is the method usually used to carry out policy reviews
The Panel asks for a report then takes a view on action	<ul style="list-style-type: none"> ■ The Panel may need more information before taking a view on whether to carry out a full review so asks for a report – either from the service department or from the Scrutiny Team – to give them more details.
Meeting with service Officer/Partners	<ul style="list-style-type: none"> ■ A Member (or small group of Members) has a meeting with service officers/Partners to discuss concerns or raise queries. ■ If the Member is not satisfied with the outcome or believes that the Panel needs to have a more in-depth review of the matter s/he takes it back to the

	Panel for discussion.
Individual Members doing some initial research	<ul style="list-style-type: none"> ▪ A member with a specific concern carries out some research to gain more information on the matter and then brings his/her findings to the attention of the Panel if s/he still has concerns.

2.7 Note that, in order to keep agendas to a manageable size, and to focus on items to which the Panel can make a direct contribution, the Panel may choose to take some “information only” items outside of Panel meetings, for example by email.

Support available for scrutiny activity

2.8 The Overview and Scrutiny function has dedicated scrutiny support from the Scrutiny Team to:

- Work with the Chair and Vice-Chair of the Panel to manage the work programme and coordinate the agenda, including advising officers and partner organisations on information required and guidance for witnesses submitting evidence to a scrutiny review;
- Provide support for scrutiny members through briefing papers, background material, training and development seminars, etc;
- Facilitate and manage the work of the task and finish groups, including research, arranging site visits, inviting and briefing witnesses and drafting review reports on behalf on the Chair; and
- Promote the scrutiny function across the organisation and externally.

2.9 The Healthier Communities and Older People Overview and Scrutiny Panel will need to assess how it can best utilise the available support from the Scrutiny Team to deliver its work programme for 2017/18.

2.10 The Panel is also invited to comment on any briefing, training and support that is needed to enable Members to undertake their work programme. Members may also wish to undertake visits to local services in order to familiarise themselves with these. Such visits should be made with the knowledge of the Chair and will be organised by the Scrutiny Team.

2.11 The Scrutiny Team will take the Healthier Communities and Older People Overview and Scrutiny Panel’s views on board in developing the support that is provided.

3. Selecting items for the Scrutiny Work Programme

3.1 The Healthier Communities and Older People Overview and Scrutiny Panel sets its own agenda within the scope of its terms of reference. It has the following remit:

- Formal health scrutiny including discharging the Council’s responsibilities in respect of the Health and Social Care Act 2001 ;
- Health including promoting good health and healthy lifestyles, mental health and reducing health inequalities;
- Community Care (adult social care and older people’s social care);
- Active ageing
- Scrutiny of the Health and Wellbeing Board

- 3.1 The Scrutiny Team has undertaken a campaign to gather suggestions for issues to scrutinise either as agenda items or task group reviews. Suggestions have been received from members of the public, councillors and partner organisations including the police, NHS and Merton Voluntary Service Council. Issues that have been raised repeatedly at Community Forums have also been included. The Scrutiny Team has consulted departmental management teams in order to identify forthcoming issues on which the Panel could contribute to the policymaking process.
- 3.2 The councillors who attended a “topic selection” workshop on 20 June 2017 discussed these suggestions. Suggestions were prioritised at the workshop using the criteria listed in Appendix 2. In particular, participants sought to identify issues that related to the Council’s strategic priorities or where there was underperformance; issues of public interest or concern and issues where scrutiny could make a difference.
- 3.3 A note of the workshop discussion relating to the remit of the Panel is set out in Appendix 3.
- 3.4 Appendix 1 contains a draft work programme that has been drawn up, taking the workshop discussion into account, for the consideration of the Panel. The Panel is requested to discuss this draft and agree any changes that it wishes to make.
- 4. Task group reviews**
- 4.1 The Panel is invited to select an issue for in-depth scrutiny and establish a task group.
- 5. Co-option to the Panel membership**
- 5.1 Scrutiny Panels can consider whether to appoint non-statutory (non-voting) co-optees to the membership, in order to add to the specific knowledge, expertise and understanding of key issues to aid the scrutiny function. Panels may also wish to consider whether it may be helpful to co-opt people from “seldom heard” groups.
- 6. Public involvement**
- 6.1 Scrutiny provides extensive opportunities for community involvement and democratic accountability. Engagement with service users and with the general public can help to improve the quality, legitimacy and long-term viability of recommendations made by the Panel.
- 6.2 Service users and the public bring different perspectives, experiences and solutions to scrutiny, particularly if “seldom heard” groups such as young people, disabled people, people from black and minority ethnic communities and people from lesbian gay bisexual and transgender communities are included.
- 6.3 This engagement will help the Panel to understand the service user’s perspective on individual services and on co-ordination between services. Views can be heard directly through written or oral evidence or heard indirectly through making use of existing sources of information, for example from surveys. From time to time the Panel/Task Group may wish to carry out engagement activities of its own, by holding discussion groups or sending questionnaires on particular issues of interest.

- 6.4 Much can be learnt from best practice already developed in Merton and elsewhere. The Scrutiny Team will be able to help the Panel to identify the range of stakeholders from which it may wish to seek views and the best way to engage with particular groups within the community.

7. ALTERNATIVE OPTIONS

- 7.1 A number of issues highlighted in this report recommend that Panel members take into account certain considerations when setting their work programme for 2017/18. The Healthier Communities and Older People Overview and Scrutiny Panel is free to determine its work programme as it sees fit. Members may therefore choose to identify a work programme that does not take into account these considerations. This is not advised as ignoring the issues raised would either conflict with good practice and/or principles endorsed in the Review of Scrutiny, or could mean that adequate support would not be available to carry out the work identified for the work programme.
- 7.2 A range of suggestions from the public, partner organisations, officers and Members for inclusion in the scrutiny work programme are set out in the appendices, together with a suggested approach to determining which to include in the work programme. Members may choose to respond differently. However, in doing so, Members should be clear about expected outcomes, how realistic expectations are and the impact of their decision on their wider work programme and support time. Members are also free to incorporate into their work programme any other issues they think should be subject to scrutiny over the course of the year, with the same considerations in mind.

8. CONSULTATION UNDERTAKEN OR PROPOSED

- 8.1 To assist Members to identify priorities for inclusion in the Panel's work programme, the Scrutiny Team has undertaken a campaign to gather suggestions for possible scrutiny reviews from a number of sources:
- a. Members of the public have been approached using the following tools: articles in the local press, My Merton and Merton Together, request for suggestions from all councillors and co-opted members, letter to partner organisations and to a range of local voluntary and community organisations, including those involved in the Inter-Faith Forum and members of the Lesbian Gay and Transgender Forum;
 - b. Councillors have put forward suggestions by raising issues in scrutiny meetings, via the Overview and Scrutiny Member Survey 2017, and by contacting the Scrutiny Team direct; and
 - c. Officers have been consulted via discussion at departmental management team meetings.

9. FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 9.1 There are none specific to this report. Scrutiny work involves consideration of the financial, resource and property issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific financial, resource and property implications.

10. LEGAL AND STATUTORY IMPLICATIONS

- 10.1 Overview and scrutiny bodies operate within the provisions set out in the Local Government Act 2000, the Health and Social Care Act 2012 and the Local Government and Public Involvement in Health Act 2007.
- 10.2 Scrutiny work involves consideration of the legal and statutory issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific legal and statutory implications.

11. HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 11.1 It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engagement. The reviews will involve work to consult local residents, community and voluntary sector groups, businesses, hard to reach groups, partner organisations etc and the views gathered will be fed into the review.
- 11.2 Scrutiny work involves consideration of the human rights, equalities and community cohesion issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific human rights, equalities and community cohesion implications.

12. CRIME AND DISORDER IMPLICATIONS

- 12.1 In line with the requirements of the Crime and Disorder Act 1998 and the Police and Justice Act 2006, all Council departments must have regard to the impact of services on crime, including anti-social behaviour and drugs. Scrutiny review reports will therefore highlight any implications arising from the reviews relating to crime and disorder as necessary.

13. RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 13.1 There are none specific to this report. Scrutiny work involves consideration of the risk management and health and safety issues relating to the topic being scrutinised. Furthermore, scrutiny work will also need to assess the implications of any recommendations made to Cabinet, including specific risk management and health and safety implications.

14. APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- 14.1 Appendix 1 – Healthier Communities and Older People Overview and Scrutiny Panel draft work programme 2017/18
- 14.2 Appendix 2 – Selecting a Scrutiny Topic – criteria used at the workshop on 20 June 2017
- 14.3 Appendix 3 – Notes from discussion of topics relating to the remit of the Healthier Communities and Older People Overview and Scrutiny Panel, Scrutiny Topic Selection Workshop on 20 June 2017 (to follow)
- 14.4

15. BACKGROUND PAPERS

- 15.1 None

Draft work programme 2017/18

Meeting date – 27 June 2017

Item/Issue
St George's University Hospitals NHS Foundation Trust
South West London and St George's Mental Health NHS Trust
Work programme Report 2017/18

Meeting date – 7 September 2017

Meeting Date 7 November 2017

Meeting date - 11 January 2018 (scrutiny of the budget)

Meeting date - 2 February 2018

Meeting date – 13 March 2018

Appendix 2

Selecting a Scrutiny Topic – criteria used at the workshop on 24 May 2016

The purpose of the workshop is to identify priority issues for consideration as agenda items or in-depth reviews by the Panel. The final decision on this will then be made by the Panel at its first meeting on 28 June 2016.

All the issues that have been suggested to date by councillors, officers, partner organisations and residents are outlined in the supporting papers.

Further suggestions may emerge from discussion at the workshop.

Points to consider when selecting a topic:

- Is the issue strategic, significant and specific?
- Is it an area of underperformance?
- Will the scrutiny activity add value to the Council's and/or its partners' overall performance?
- Is it likely to lead to effective, tangible outcomes?
- Is it an issue of community concern and will it engage the public?
- Does this issue have a potential impact for one or more section(s) of the population?
- Will this work duplicate other work already underway, planned or done recently?
- Is it an issue of concern to partners and stakeholders?
- Are there adequate resources available to do the activity well?

To follow